



Manchester Health Department
1528 Elm St.
Manchester, NH 03101
Tel: (603) 624-6466 / Fax: (603) 628-6004

SEPTIC SYSTEM RELEASE FOR DWELLING / BUILDING CHANGE

ADDRESS: _____

OWNER: _____

TELEPHONE NUMBER: _____

PROPOSED SEPTIC SYSTEM OR BUILDING CHANGE:

Current number of bedrooms: _____ Proposed number of bedrooms: _____

OR

Current designed sewage loading (gallons) _____

Proposed sewage loading (gallons) _____

Is the present septic system functioning properly? _____

I certify that I am the owner of the property listed above, and that the information provided above is accurate.

SIGNATURE

DATE